

SU Clubs & Societies

Activity Risk Assessment

Please send completed forms to [su.clubs@qub.ac.uk](mailto:su.clubs@qub.ac.uk) (Sporting Clubs),

or [su.societies@qub.ac.uk](mailto:su.societies@qub.ac.uk) (Societies).

**Details of Club / Society**

|  |  |  |  |
| --- | --- | --- | --- |
| Club / Society Name |  | Date of Risk Assessment |  |
| Your name and role within the Club / Society |  | Date of Activity |  |

**Details of Activity**

|  |  |  |  |
| --- | --- | --- | --- |
| Event / activity being assessed, including:   * Date * Time * Venue * Location * Attendees expected * Description of activity involved |  | **Is this event / activity…** | **Yes / No** |
| Open to the public at all? |  |
| Taking place on campus? |  |
| Open to ticket-holders only? |  |
| A charitable fundraiser? |  |

**Step 1 – Identify potential hazards**

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| **How could people get hurt or become ill?** Use this checklist and add other hazards specific unique to your activity if necessary. Consider all of the people who will be present, e.g. committee members, attendees, contractors, people with limited mobility, people with special requirements etc. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazards Checklist –** Put an **X** beside any that apply to your event / activity | | | | | | | | | |
| Access and egress |  | Display screen equipment |  | Hot surfaces |  | Protesters |  | Unfamiliarity with the activity |  |
| Alcohol consumption |  | Diversity of languages / language barriers |  | Lifting equipment |  | Provocative or politically sensitive content |  | Vehicle / boat / car handling |  |
| Animals |  | Electricity (inc. portable appliances) |  | Lighting equipment |  | Radiation / radioactive material |  | Violence and threatening behaviour |  |
| Asbestos |  | Exhaustion |  | Lone working |  | Slipping, tripping, and falling |  | Vulnerable individuals (e.g. pregnant people, people with disabilities) |  |
| Audience control |  | Falling objects |  | Lost individuals |  | Storage (e.g. racks, shelves, cabinets) |  | Water environment (e.g. surfing, watersports, swimming) |  |
| Compressed gas / cryogenics |  | Fire |  | Machinery |  | Stress |  | Weather |  |
| Confined spaces |  | Flammable materials |  | Manual handling |  | Substances hazardous to health (CoSHH) |  |  |  |
| Construction work |  | Food hygiene |  | Noise exposure |  | Sunburn |  |  |  |
| Contact sports / physically intense activity |  | Hand tools |  | Phobias |  | Temperature |  |  |  |
| COVID-19 transmission |  | Heights (inc. ladders, stages, scaffolding) |  | Presence of children (anyone aged under 18) |  | Time of activity (e.g. daytime, nighttime, antisocial hours) |  |  |  |
| Dehydration |  | Hot liquids / water / oils |  | Pressure systems |  | Unauthorised attendees ("gatecrashers") |  |  |  |

**Step 2 – Manage potential risk**

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| **Complete the table below** to outline what you will do to minimise the risks associated with the hazards ticked in Step 1. **Make sure to discuss every hazard** you ticked. |

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| **Activity**  What are you doing? | **Hazards**  What hazard(s) did you take in Step 1? | **Control Measure**  How are you going to minimise the risk associated with the hazard(s)? | **Severity and Likelihood Score**  *See guide below*. | **Risk Rating**  *See guide below*. | **Accountable/Date**  Who is accountable for the control measures, and what date will these be carried out? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ***Add rows as necessary…*** |  |  |  |  |  |

**Risk Rating Guide**

**Severity and Likelihood Guide**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Severity | Likelihood | | | |
| Unlikely | Possible | Likely | Very Likely |
| Very Minor | 1 | 2 | 3 | 4 |
| Minor | 2 | 4 | 6 | 8 |
| Significant | 3 | 6 | 9 | 12 |
| Major | 4 | 8 | 12 | 16 |

|  |  |
| --- | --- |
| Risk Rating | |
| Score | Risk Level |
| 1-2 | Low |
| 3-6 | Medium |
| 8-9 | High |
| 12-16 | Very High |

**Please tick to confirm that relevant insurance is in place for the proposed activity**

**Step 3 – Declare that you are satisfied with the risk levels of the event / activity, and that all members of your Club/Society who are involved will undertake the control measures outlined above.**

**To be completed by at least one Club/Society executive committee member**

I am satisfied that the risk(s) identified are acceptable and that the control measures outlined above are adequate.

I have read and understood the information contained in this risk assessment and I agree to adopt the control measures and precautions as stated above.

I will ensure that all members of my Club/Society involved in this event / activity have read and understood this Risk Assessment.

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| --- | --- | --- | --- |
| **Name** | **Role within Club/Society** | **QUB Email** | **Date** |
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**For office use only:**

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| I am satisfied that the below protocols have been adhered to in the  completion of this risk assessment: | Risk Assessment form completed  Offsite Travel Form completed  (if necessary)  Mystery Tour Offsite Form completed  (if necessary) |

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| Received by QSU Clubs and Societies Staff Member: |  | Date |  |
| Assessment No. |